Appendix D.1. Pregnant Women and Infants Data Presentation

MCH 2010 Needs Assessment

To Enhance the Health of Kansas Women and Infants in Partnership with Families and Communities

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From Data to Potential Action

Maternal Health/ Prematurity	Preconceptional Health Health Behaviors Perinatal Care
Maternal Care	Prenatal Care High Risk Referral Obstetric Care
Newborn Care	Perinatal Management Neonatal Care Pediatric Surgery
Infant Health	Sleep Position Breast Feeding Injury Prevention

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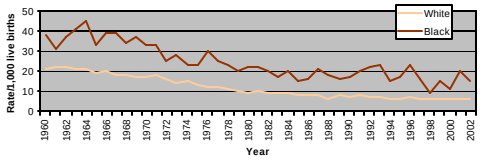
Infant Mortality

Infant Mortality Trend by Race, Kansas, 1960-2002



Other races are excluded because the numbers are to small to calculate rates.

Center for Health & Environmental Statistics

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Starting Prenatal Care in the First Trimester

Nationally

The percent of mothers who began prenatal care in the first trimester of pregnancy has risen slowly but steadily, since 1990, by 10 percent to **82.1% in 2002.**
Late (care in the last trimester) or no prenatal care declined to **3.6 percent**, and has dropped from 6.1 percent since 1990.
Improved levels of timely care were reported for most race and Hispanic origin groups for 2002.

Data Source: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final data for 2002. National Vital Statistics Reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.

Kansas.. ...All Live Births, 2002 **86.1%**

Race		Ethnicity	
White	86.9	Non-Hispanic	88.2
Black	78.9	Hispanic	71.1
Other	82.9		

Data Source: Center for Health and Environmental Statistics

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Infant Mortality

PPOR Map of Feto-Infant Mortality

	Fetal Death	Neonatal	Post-neonatal
500-1499 g	Maternal Health/ Prematurity		
1500+ g	Maternal Care	Newborn Care	Infant Health

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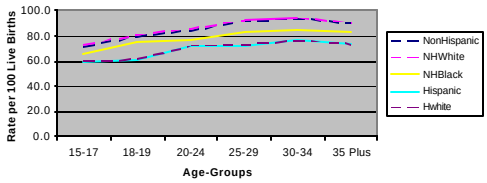
Starting Prenatal Care in the First Trimester

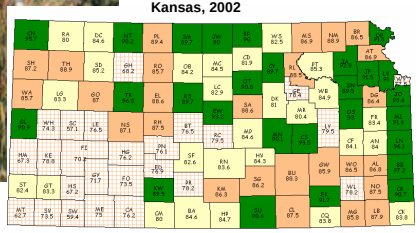
Prenatal Care Began in the First Trimester by Age-Group and Ethnicity/Race

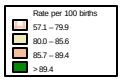


Small numbers were excluded: mother less than 15 years and of b lack Hispanic origin.

Data Source: Center for Health and Environmental Statistics

Live Birth Rates Where Prenatal Care Began in the First Trimester by County, Kansas, 2002





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Data Source: Center for Health and Environmental Statistics

Low Birth Weight (Less Than 2500 Grams)

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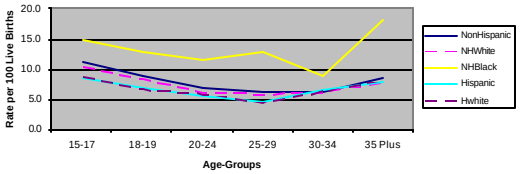
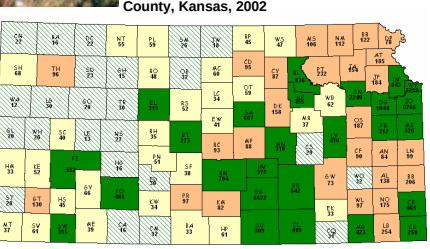
Low Birthweight by Age-Group and Ethnicity/Race, Kansas, 2002

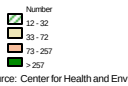


Small numbers were excluded: mother less than 15 years and of b lack Hispanic origin.

Data Source: Center for Health and Environmental Statistics

Number of Live Births Where Prenatal Care Began in the First Trimester by County, Kansas, 2002





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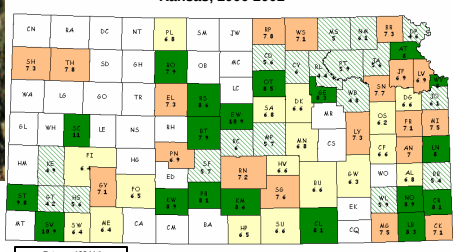
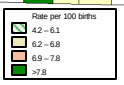
Data Source: Center for Health and Environmental Statistics

Infants Born (Rates) with Low Birth Weight (<2,500 Grams) by County, Kansas, 2000-2002





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Data Source: Center for Health and Environmental Statistics

Low Birth Weight (Less Than 2500 Grams)

MCH2010
Enhancing the health of Kansas women, infants, and children in partnership with families and communities.

Nationally

- LBW increased to 7.8 percent of all live births, the highest level reported in more than three decades.
- The rate of very low birth weight (VLBW) (less than 1,500 grams) was 1.46 percent for 2002, compared with 1.44 percent for 2001.
- LBW levels were up for the both Black/African American and White births for 2002.

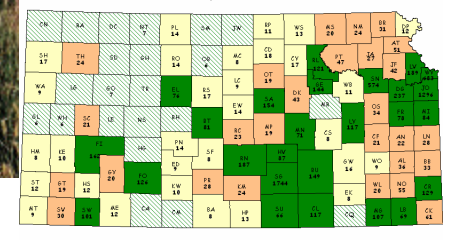
Data Source: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final data for 2002. National Vital Statistics Reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.

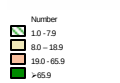
Kansas 2002 7.0/100 Births

Race		**Ethnicity**	
White	6.6	Non-Hispanic	7.0
Black	12.4	Hispanic	6.0
Other	5.6		

Data Source: Center for Health and Environmental Statistics

Number of Infants Born with Low Birth Weight (<2,500 Grams) by County, Kansas, 2000-2002





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Data Source: Center for Health and Environmental Statistics

Preterm Births (Less Than 37 Weeks Gestation)

Nationally

- The rate of preterm births increased in 2002 to 12.1 percent of all births from 11.9 in 2001.
- While the proportion of preterm infants has risen 14 percent since 1990, the preterm rate for singleton births only has risen 7 percent, from 9.7 to 10.4 percent.
- Preterm rates increased for non-Hispanic white, non-Hispanic black, and Hispanic infants between 2001 and 2002.

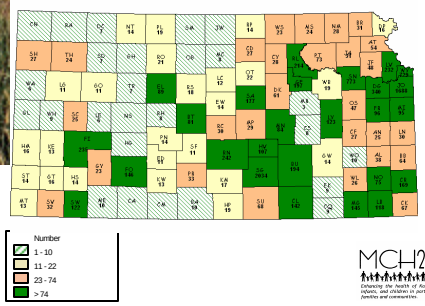
Data Source: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Men acker F, Munson ML. Births: Final data for 2002. National Vital Statistics Reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.

Kansas 2002… 8.6/100 Births

Race		Ethnicity	
White	8.3	Non-Hispanic	8.7
Black	12.3	Hispanic	7.0
Other	7.2		

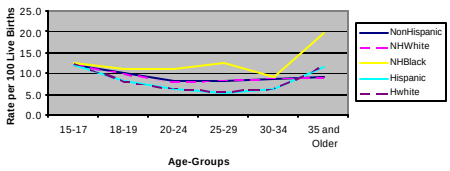
Data Source: Center for Health and Environmental Statistics

Number of Infants Born Preterm by County, Kansas, 2000-2002



Preterm Births (Less Than 37 Weeks Gestation)

Premature Birth by Age-Group and Ethnicity/Race, Kansas, 2002



Data Source: Center for Health and Environmental Statistics

Breastfeeding

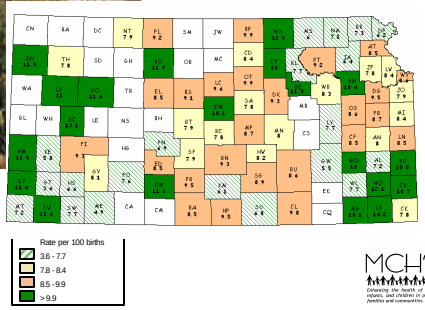
Key findings of the 2003 National Immunization Survey Regarding Breastfeeding Practices:

Fourteen states in the United States have achieved the national *Healthy People 2010 of 75% of mothers initiating breastfeeding.*

- 6 and 8 states have achieved the objective of having 50% of mothers breastfeeding their children at 6 months of age and 25% of mothers breastfeeding their children at 12 months of age, respectively.
- Only Oregon has achieved an exclusive breastfeeding rate above 25% at 6 months.
- Consistent with previous research, the NIS breastfeeding data reveal that non-Hispanic blacks and socioeconomically disadvantaged groups have consistently lower breastfeeding rates.

The American Academy of Pediatrics (AAP) recommends that an infant be breastfed without supplemental foods and liquids for the first 6 months of age (known as exclusive breastfeeding)

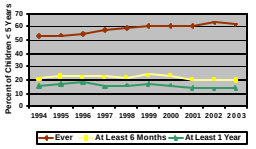
Infants Born Preterm (Rate) by County, Kansas, 2000-2002



Breastfeeding

Trends in Breastfeeding...WIC Population

Kansas



Summary of Breastfeeding by Race/Ethnicity 2003 WIC

Race/Ethnicity	% Ever Breastfed	Breastfed At Least 6 Months	Breastfed at Least 12 Months
White, Not Hispanic	64.0	19.7	13.8
Black, Not Hispanic	47.0	11.6	8.1
Hispanic	71.3	33.5	20.6
American Indian	66.3	18.1	11.5
Asian	51.0	20.3	19.9

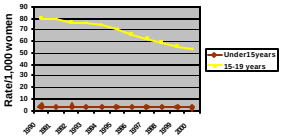
Data Source: 2003 Pediatric Nutrition Surveillance

Teen Pregnancy – National Data

1990, 2000 Comparison of Rates/1,000 women, by Race and Hispanic Origin of Women (15 -17)

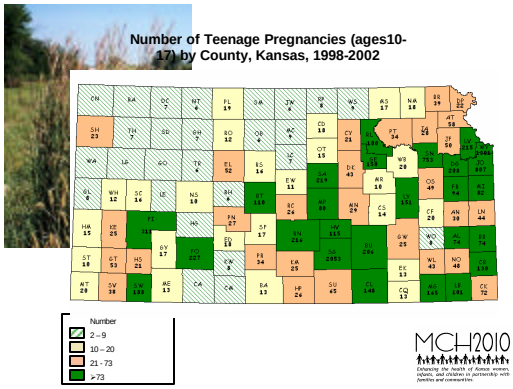
	1990	2000
Race/Ethnicity		
Non-Hispanic White	56.5	32.5
Non-Hispanic Black	165.0	100.7
Hispanic	101.0	83.1
National Rates	80.3	53.5

Trend in Pregnancies by Age-Group, 1990-2000



Ventura SJ, Abma JC, Mosher WD, Henshaw S. Estimated pregnancy rates for the United States, 1990– 2000: An Update. National vital statistics reports; vol 52 no 23. Hyattsville, Maryland: National Center for Health Statistics. 2004.

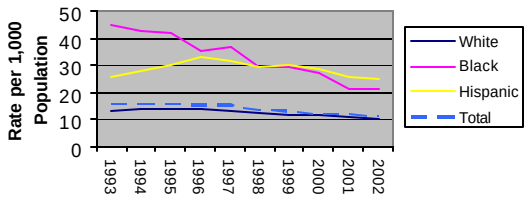
Number of Teenage Pregnancies (ages10-17) by County, Kansas, 1998-2002



Data Source: Center for Health & Environmental Statistics

Teen Pregnancy - - Kansas

Trend in Teenage Pregnancies (ages 10-17) by Race and Hispanic Origin, Kansas



Center for Health & Environmental Statistics

Teen Pregnancy – Trends

According to a Journal of Adolescent article, dated Aug, 2004.

Both delayed initiation of sexual intercourse and improved contraceptive practice among adolescents contributed evenly to the marked decline in U. S. pregnancy rates among teens 15-17 years between 1991 and 2001.

The pregnancy rate declined 33%

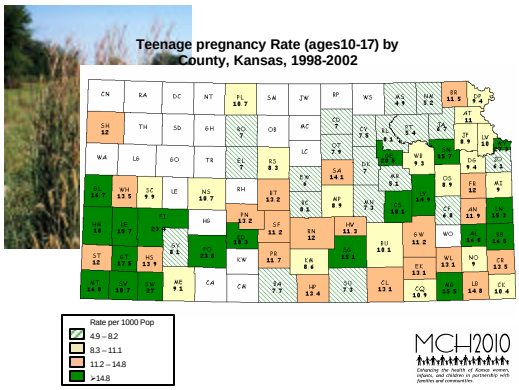
- 53% of the decline can be attributed to decreased sexual activity
- 47% to improved contraceptive use.

Progress has been made, but…in 2001

- 43% of females 15- 17 reported being sexually experienced
- Of these females 1 in 8 reported using no contraception during their last sexual experience.

J Adolescent Health. 2004 Aug;35(2):80 -90. Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? Santelli JS, Abma J, Ventura S, Lindberg L, Morrow B, Anderson JE, Lyss S, Hamilton BE. National Center for Chronic Disease Prevention and Health Promotion, US Centers for Disease Control and Prevention, Atlanta, Georgia, USA. jts8@cdc.gov

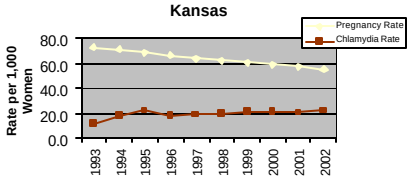
Teenage pregnancy Rate (ages10-17) by County, Kansas, 1998-2002



Data Source: Center for Health & Environmental Statistics

Teen Pregnancy - - Chlamydia

Trend in Pregnancies and Reported Chlamydia Cases in Females 15-19, Kansas



Data Source: Bureau of Epidemiology and Disease Prevention
Kansas Department of Health and Environment

Smoking During Pregnancy

***Healthy People 2010* target ….≤1% of women smoke during pregnancy**

National Data, 2002

Smoking during pregnancy dropped to 11.4 percent of all mothers, a decline of 42 percent from 1989.

Smoking rates declined for all age groups and most race and Hispanic origin groups.

12.2 percent of mothers who smoked had a low birth weight child compared with 7.5 percent of non-smokers.

Kansas, 2002

In 12.2% of live births, the mother smoked during pregnancy. This percent is slightly down from 2001 (12.6%).

Note: While prenatal smoking is believed to be somewhat underreported on the birth certificate, the trends and variations in maternal smoking based on birth certificate data have been largely corroborated by data from nationally representative surveys.

Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final data for 2002. National vital statistics reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.

Alcohol Use Among Women

Alcohol Use Among Women of Childbearing Age --- United States, 1991–1999

- The rate of any alcohol use (i.e., at least one drink) during pregnancy has declined since 1995 (12.8% in 1999).
- Rates of binge drinking (2.7% in 1999) and frequent drinking (3.3%) during pregnancy have not declined, and these rates also have not declined among nonpregnant women of childbearing age.
- In comparison with other pregnant women, pregnant women who reported any alcohol use, binge drinking, and frequent drinking were more likely to be aged >30 years, employed, and unmarried

Data Source: MMWR, **April 5, 2002 / 51(13);273-6**

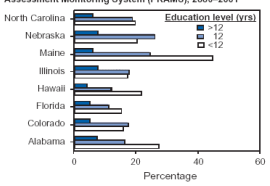
Smoking During Pregnancy

PRAMS Data

The overall prevalence of smoking during the last 3 months of pregnancy ranged from 9.0% in Hawaii to 17.4% in Maine .

Among the eight states, younger women, white or American Indian women, non-Hispanic women (except in Hawaii), women with ≤12 years of education, and women with low incomes consistently reported the highest rates of smoking during pregnancy.

FIGURE 2. Prevalence of smoking during last 3 months of pregnancy, by education level — eight states, Pregnancy Risk Assessment Monitoring System (PRAMS), 2000–2001



Data Source: MMWR Surveill Summ. 2004 Jul 2;53(4):1-13.

Postpartum Depression

PRAMS Data on Self-Reported Postpartum Depression (SRPPD), 2000

In 2000, seven states (Alaska, Louisiana, Maine, New York, North Carolina, Utah, and Washington) collected information about SRPPD

7.1% (32,176) reported severe depression after delivery and more than half (233,844) reported low to moderate depression.

- The percentage of PRAMS respondents with severe SRPPD ranged from 5.1% in Washington to 8.9% in Louisiana;
- The percentage with low to moderate depression ranged from 48.9% in New York to 62.3% in Utah
- The percentage with no depression ranged from 31.0% in Utah to 44.6% in New York

Data available at http://www.cdc.gov/reproductivehealth/PRAMS_/pramsFS_depression.htm

Alcohol Use During Pregnancy

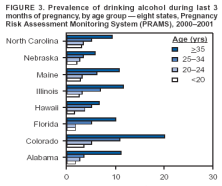
People 2010 target – <= 6% alcohol use during pregnancy

PRAMS Data

Overall, the prevalence of alcohol use during pregnancy ranged from 3.4% to 9.9%.

In seven states, women aged ≥35 years, non-Hispanic women, women with more than a high school education, and women with higher incomes reported the highest prevalence of alcohol use during pregnancy.

FIGURE 3. Prevalence of drinking alcohol during last 3 months of pregnancy, by age group — eight states, Pregnancy Risk Assessment Monitoring System (PRAMS), 2000–2001



Data Source: MMWR Surveill Summ. 2004 Jul 2;53(4):.

Postpartum Depression

PRAMS Data on Self-Reported Postpartum Depression (SRPPD), 2000

Women who were most likely to report severe depression

- Were less than 20 (11.4%)
- Were of the black race (9.5%)
- Had fewer than 12 years of education (10.3%)
- Were Medicaid recipients (10.5%)
- Delivered low-birth-weight babies (11.4%)
- Experienced physical abuse during pregnancy (21.9%)

Data available at http://www.cdc.gov/reproductivehealth/PRAMS_/pramsFS_depression.htm

Congenital Anomalies

Nationally, 2002,

The leading cause of infant mortality, **Congenital malformations, deformations and chromosomal abnormalities**, accounted for 20.2 percent of all infant deaths. The infant mortality rate for this cause increased slightly from 136.9 infant deaths per 100,000 live births in 2001 to 140.7 in 2002, but the increase was not statistically significant

Kochanek KD, Smith BL. Deaths: Preliminary Data for 2002. National vital statistics reports; vol. 52, no. 13. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Kansas, 2002

In Kansas, congenital anomalies is also the leading cause of infant mortality (63 deaths) at a rate of 164.3/100,000 population.

Sudden Infant Death Syndrome (SIDS)

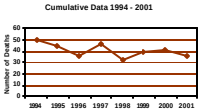
State Child Death Review Board Data, 2001 Annual Report

In 2001, among infant deaths classified SIDS (36)

83.3% were from the white race, and 16.7% were from the black race.

58.3% were males and 41.7% were females.

36.1 were 3 months and 27.8 were 4 months of age at death



Congenital Anomalies

In 2002, there were 519 live births with a congenital anomaly in Kansas

	Number	% Died <28 Days
PDA	73	2.7
Heart malformations, except PDA	87	10.3
Other circulatory/respiratory anomalies	27	22.2
Other urogenital anomalies	51	--
Cleft lip/palate	41	14.6
Polydactyly/Syndactyly/Adactyly	44	4.5
Other musculoskeletal/integumental anomalies	90	4.4

Data Source: Center for Health & Environmental Statistics

Undocumented Population

National

The INS estimates that the total unauthorized immigrant population residing in the United States in January 2000 was 7.0 million which has increased from 3.5 million in 1990

Kansas

There is an estimated 49,000 (2000) unauthorized immigrant population or 0.7% of the national total.

This has increased from 14,000 (1990) unauthorized immigrants or 0.4% of the national total.

Estimates of the Unauthorized Immigrant Population Residing in t he United States: 1990 to 2000 , Office of Policy and Planning U.S. Immigration and Naturalization Service

Sudden Infant Death Syndrome (SIDS)

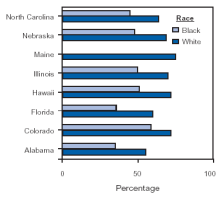
People 2010 target – ≥70% of infants put to sleep in the back position.

PRAMS Data

The overall prevalence of mothers using the recommended back sleep position for their infants ranged from 49.7% in Alabama to 74.8% in Maine

Among all eight states, use of the back sleep position was lowest among younger women, black women, women with lower levels of education, and women with low incomes; ethnic differences in sleep position varied by state

FIGURE 5. Prevalence of infant sleeping position on back, by maternal race — eight states, Pregnancy Risk Assessment Monitoring System (PRAMS), 2000–2001



Data Source: MMWR Surveill Summ. 2004 Jul 2;53(4):1-13.

Communication – English as a Second Language

Kansas Children and Families (Bureau of Children, Youth & Families) Data, 2003

Percent of clients with English as a secondary language from grant funded programs when this question was answered

Family Planning Grants	13.5%
Maternal Child Health Grants	
Prenatal	33.3%
Healthy Start	17.5%
Child Health	20.0%
School Clinic Grants	7.8%

Data Source: PROGRESS

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Conclusion

Dads are Important, Too!

Appendix D.2. Children and Adolescents Data Presentation

MCH 2010 Needs Assessment

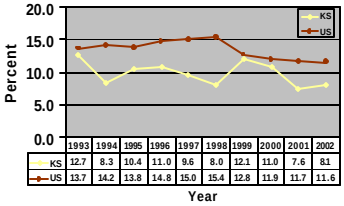
To Enhance the Health of Kansas Children and Adolescents in Partnership with Families and Communities

MCH2010
Enhancing the health of Kansas women, infants, and children in partnership with families and communities.

MCH2010
Enhancing the health of Kansas women, infants, and children in partnership with families and communities.

Insurance Coverage

Uninsured Children Under 18 Years Old



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
KS	12.7	8.3	10.4	11.0	9.6	8.0	12.1	11.0	7.6	8.1
US	13.7	14.2	13.8	14.8	15.0	15.4	12.8	11.9	11.7	11.6

Year

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements.

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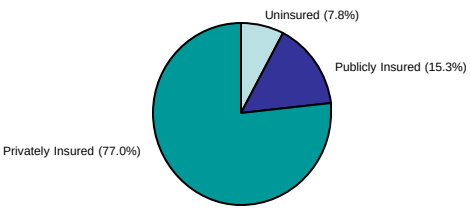
Insurance Coverage

Distribution of Kansas Children by Insurance Status, 2001
Children under 19 years old



Note: all children with non-missing data are included (n=7,490).

Source: Uninsured Children in Kansas: Who Are They and How Could They Be Reached? October 2003, Kansas Health Institute.

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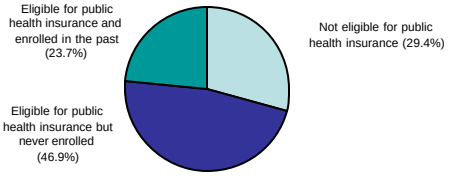
Insurance Coverage

Distribution of Uninsured Children in Kansas
by Eligibility and Enrollment in Public Health Insurance, 2001
Children under 19 years old



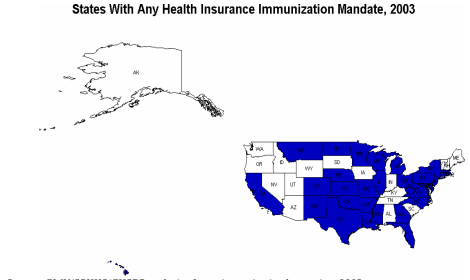
Note: all children with non-missing data are included (n=7,490).

Source: Uninsured Children in Kansas: Who Are They and How Could They Be Reached? October 2003, Kansas Health Institute.

MCH2010
Enhancing the health of Kansas women, infants, and children in partnership with families and communities.

Mandated Preventive Care

States With Any Health Insurance Immunization Mandate, 2003

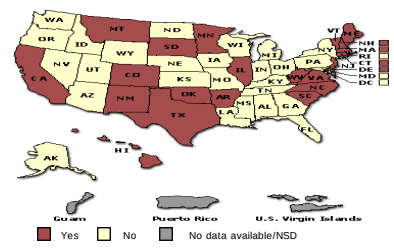


Source: GWU/SPHHS/CHSRP analysis of state immunization laws, winter 2003

MCH2010
Enhancing the health of Kansas women, infants, and children in partnership with families and communities.

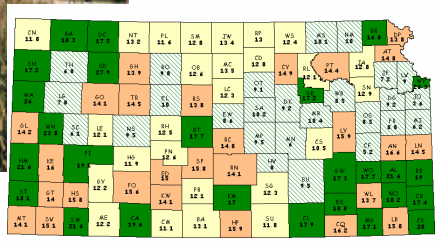
Mandated Benefits

State Mandated Benefits: Mental Health Parity, 2002



Source: Kaiser Family Foundation State Health Facts Online

Children in Poverty - 17 and Under, 1999



Rate per 100 Pop
3.6 - 10.4
10.5 - 13.6
13.7 - 16.6
> 16.6

Data Source: U. S. Census 2000

Undocumented Population

National

The INS estimates that the total unauthorized immigrant population residing in the United States in January 2000 was 7.0 million which has increased from 3.5 million in 1990

Kansas

There is an estimated 49,000 (2000) unauthorized immigrant population or 0.7% of the national total.

This has increased from 14,000 (1990) unauthorized immigrants or 0.4% of the national total.

Estimates of the Unauthorized Immigrant Population Residing in t he United States: 1990 to 2000 , Office of Policy and Planning U.S. Immigration and Naturalization Service , available at http://uscis.gov/graphics/shared/aboutus/statistics/Ill_Report_1211.pdf , downloaded July, 2004

Communication – English as a Second Language

Kansas Children and Families (Bureau of Children, Youth & Families) Data, 2003

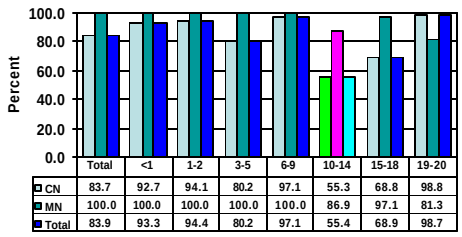
Percent of clients with English as a secondary language from grant funded programs when this question was answered

Family Planning Grants	13.5%
Maternal Child Health Grants	
Prenatal	33.3%
Healthy Start	17.5%
Child Health	20.0%
School Clinic Grants	7.8%

Data Source: PROGRESS

Utilization of Health Services

KAN BE HEALTHY SCREENING RATIO



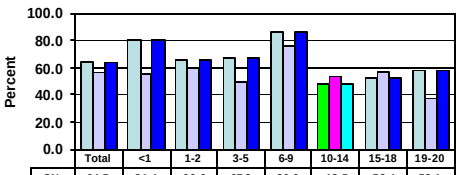
	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	83.7	92.7	94.1	80.2	97.1	55.3	68.8	98.8
MN	100.0	100.0	100.0	100.0	100.0	86.9	97.1	81.3
Total	83.9	93.3	94.4	80.2	97.1	55.4	68.9	98.7

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY PARTICIPANT RATIO



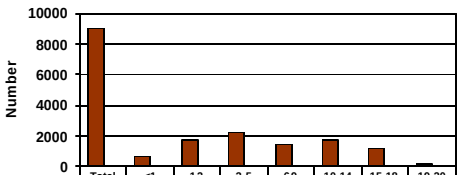
	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	64.5	81.1	66.6	67.8	86.6	48.5	53.1	58.1
MN	56.4	56.0	60.0	50.0	76.7	54.09	57.14	37.5
Total	64.4	81.0	66.6	67.8	86.6	48.5	53.1	58.0

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY
Number of eligible referred for corrective treatment



	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	9003	597	1749	2161	1459	1744	1148	145
MN	21	1	0	1	3	13	2	1

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY

Number of eligible receiving any dental services

	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	54291	18	1253	12275	14898	14910	9202	1735
MN	71	0	0	6	19	26	19	1

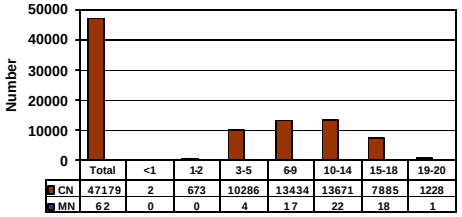
Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY

Number of eligible receiving preventable dental services



	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	47179	2	673	10286	13434	13671	7885	1228
MN	62	0	0	4	17	22	18	1

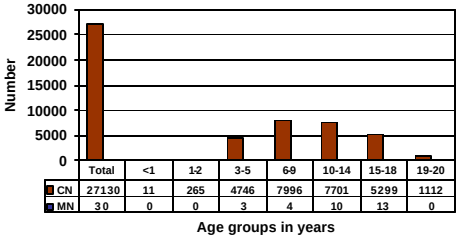
Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY

Number of eligible receiving dental treatment services



	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	27130	11	265	4746	7996	7701	5299	1112
MN	30	0	0	3	4	10	13	0

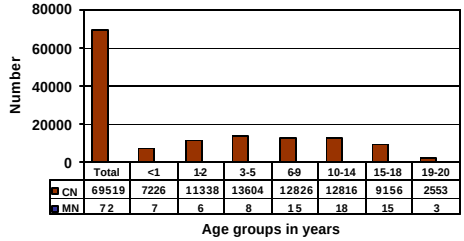
Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY

Total number of eligible enrolled in managed care arrangements



	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	69519	7226	11338	13604	12826	12816	9156	2553
MN	72	7	6	8	15	18	15	3

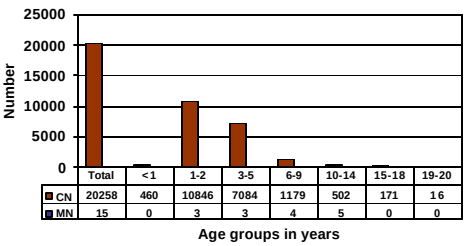
Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

KAN BE HEALTHY

Total number of screening blood lead tests



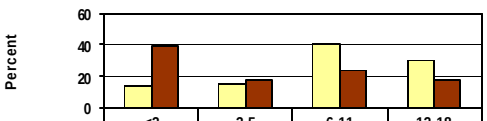
	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	20258	460	10846	7084	1179	502	171	16
MN	15	0	3	3	4	5	0	0

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

Utilization of Health Services

SCHIP vs. Medicaid



	<3	3-5	6-11	12-18
SCHIP	14.5	15.5	40.9	30.2
Medicaid	39.8	18.4	23.9	17.9

Age groups in years

SCHIP Tends to Enroll Older Children Than Medicaid (Age <19 yrs.)

Note: SCHIP (State Children's Health Insurance Program) - HealthWave in Kansas
Source: Findings from theHealthWave Evaluation Project. Research Brief, Kansas Health Institute, Se ptember 2003

SCHIP Families Have Higher Education, Greater Income, and Are More Likely to Have Two Parents

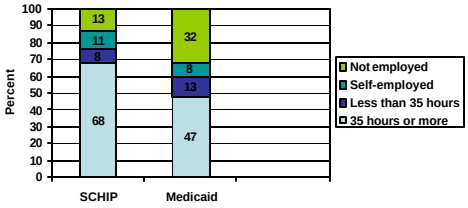
	SCHIP	Medicaid
Educational Attainment of Head of Household		
Less than High School	6%	9%
High School Graduate	58%	65%
Some College	22%	20%
College Graduate or Higher	14%	6%
Family Income <150% of Federal Poverty Level*	68%	81%
Number of Parents in Household		
Two	55%	45%
One	45%	54%

*In 2001, 150% of the Federal Poverty Level was $26,475 for a family of four.
Totals may not sum to 100% because of rounding.

Source: Findings from the HealthWave Evaluation Project. Research Brief, Kansas Health Institute, September 2003

Utilization of Health Services

Most Parents of Public Health Insurance Enrollees Are Employed



Source: Findings from the HealthWave Evaluation Project. Research Brief, Kansas Health Institute, September 2003

ASTHMA

National Data - Children Under 18 years

- More than 4 million children have had an asthma attack in the past 12 months (5.8%).
- 12.2% of children have been diagnosed with asthma.
- Boys (13.9%) are more likely than girls (10.4%) to be
- Children in poor families(16%) are more likely than children infamilies that are not poor (11%)
- When a single race was reported, black or African American children (8.6%) were more likely to have a asthmatic attack in the past 12 months than white children (5.2%)
- In the Hispanic population, 4.4% had a asthma attack in the past12 months.

Data Source: National Health Survey, 2002

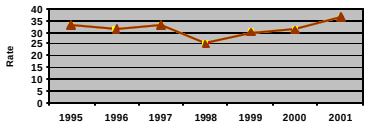
ASTHMA

Kansas Data – 1-4 AgeGroup

This age-group has the highest rates of asthma hospitalizations

In 2001 the rate/10,000 population for white children was 27.5 c ompared to 71.2 for black/African American children

Trend in Asthma Hospitalizations per 10,000 Population ages 1 through 4

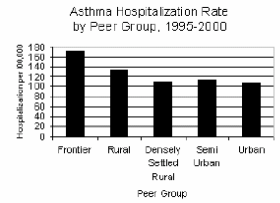


Data Source: Kansas Hospital Association, Kansas Information forCommunities

ASTHMA

Kansas Data – All Age Groups

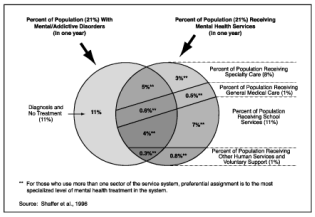
The rate of asthma hospitalizations is greatest in the frontier counties followed by the rural counties, 1995-2000



Data Source: Kansas Hospital Association, Kansas Information forCommunities

Behavioral Health

Figure 2-6b. Annual prevalence of mental/addictive disorders for children



Data Source: Mental Health: A Report from the Surgeon General, available at http://www.mentalhealth.samhsa.gov/features/surgeongeneralreport/home.asp

SELF-HARM HOSPITALIZATIONS

Emergency Department Data, United States, 2000

National Study - NEISS - AIP Data

- An estimated 264,108 persons were treated in the ED for non fatal self inflicted injuries (95.9/100,000)
  - Females 15-19 (322.7/100,000)
  - Females 20-24 (261.5/100,000)
- 65% of self inflicted injuries resulted from poisonings
- 25% were attributed to injuries with a sharp instrument
- 60% were probable suicide attempts

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SELF-HARM HOSPITALIZATIONS

In Kansas, 2001

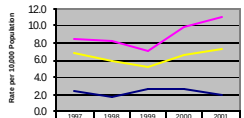
Adolescents ages 15-19 have the highest rate of self-harm hospitalizations among all age groups.

For Children and adolescents ages 5 to 24

The female to male ratio was 2.14.

In 88.6% of self-harm hospitalizations, drugs were the method of choice.

Trend in Self-Harm Hospital Discharges by Age-Group, Kansas, 1997 - 2001



	1997	1998	1999	2000	2001
10 to 14	2.3	1.8	2.5	2.6	1.8
15 to 19	8.4	8.2	7.1	9.9	11.0
20 to 24	6.7	5.8	5.2	6.6	7.3

Data Source: Kansas Hospital Association, Office of Health Care Information

Completed Suicides

In Kansas, suicide was the second leading cause of death for adolescents aged 15 to 24 (1998-2002).
In 2002, 62 adolescents ages 15 – 24 completed suicide (15.0 per 100,000).

For national comparison, the most recent final data available is for the year 2001. In Kansas, 2001, adolescents ages 15-19 completed suicide at a rate of 15.2/100,000 population compared to 9.9/100,000 nationally.

In Kansas, 2001-2002 46 adolescents ages 15-19 completed suicide (11.1/100,000 population) which compares with 39 for 1999-2000 (9.2/100,000 population). These rates are not significantly different.

Data Source: Center for Health & Environmental Statistics

Illegal Drugs

YRBSS Data

A national school-based survey conducted by CDC among students in grades 9–12 during February–December 2003.

22.4% had used marijuana one or more times during the 30 days preceding the survey.

4.1% had used a form of cocaine one or more times during the 30 days preceding the survey

3.9% sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during the 30 days preceding the survey

7.6% used methamphetamines one or more times during their lifetime.

11.1% used ecstasy one or more times during their lifetime.

Alcohol Use

YRBSS Data

A national school-based survey conducted by CDC among students in grades 9–12 during February–December 2003.

44.9% drank one or more drinks of alcohol on one or more days during the 30 days preceding the survey.

28.3% drank 5 or more drinks of alcohol in a row on one or more days in the 30 days preceding the survey.

30.2% rode with a driver who had been drinking alcohol in a car or other vehicle one or more times during the 30 days preceding the survey.

12.1% drove after drinking alcohol in a car or other vehicle one or more times during the 30 days preceding the survey.

Suggestions for Alcohol Usage Indicators for Kansas from KDOT crash, person data
1) Percentage of adolescents ages 14-18 who rode with a driver who had been drinking alcohol.
2) Percentage of adolescents ages 14-18 who drove after drinking alcohol.

Alcohol and Drug Use

Kansas Bureau of Investigation Juvenile Arrest Statistics, 2003

Age<=17 Years

Drug Arrests		Alcohol Arrests	
Narcotic Drug Violation	1798	DUI	356
Drug Equipment Violation	169	Liquor Violations	1649
Total Drug arrests	1967	Drunkenness	1
		Total Alcohol Arrests	2006

Note: Data available from all agencies except Topeka, Kansas

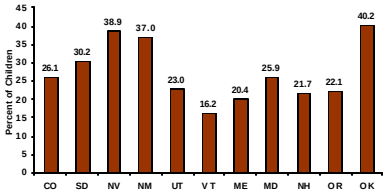
Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	11.0%	15.1%	28.0%	34.5%
KS†	8.1%	12.0%	26.1%	33.6%
Boys†	8.0%	13.2%	24.7%	37.2%
Girls†	7.9%	10.3%	27.5%	29.7%

Current Cigarette Smoking = smoked cigarettes on= 1 of the 30 d ays preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on= 1 of the 30 days preceding the survey.
Sources: *National Youth Tobacco Survey, 2000, †Kansas Youth Tobacco Survey, 2000

Oral Health

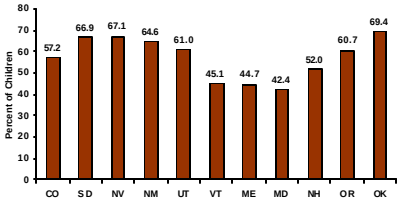
Prevalence of Untreated Decay in 3rd Grade Children Stratified by State



Note: KS data pending.
Source: Association of State and Territorial Dental Directors 2003-2004

Oral Health

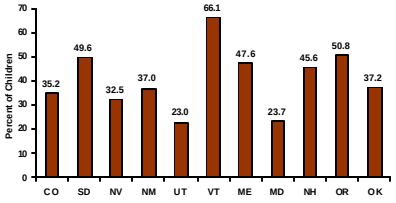
Prevalence of Caries Experience in 3rd Grade Children Stratified by State



Note: KS data pending.
Source: Association of State and Territorial Dental Directors 2003-2004

Oral Health

Prevalence of Dental Sealants in 3rd Grade Children Stratified by State



Note: KS data pending.
Source: Association of State and Territorial Dental Directors 2003-2004

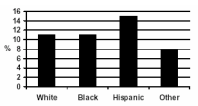
Overweight Among Adolescents

National (YRBSS, 2003) /Kansas (YTS, 2002-2003) Comparison

	Kansas	National
At risk of becoming overweight	13.6%	15.4%
Overweight	11%	13.5%
Females	7%	9.4%
Males	15%	17.4%

The percent of overweight adolescents was substantially higher among Hispanics than other race/ethnic groups as shown in Figure 3.

Figure 3.

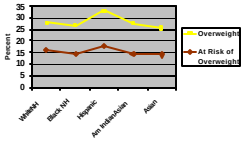


Overweight Among Children

Pediatric Nutrition Surveillance Data (WIC) among children 2-4 years of age

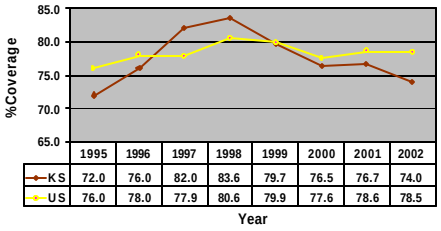
	Kansas (2003)	National(2002)
At risk of becoming overweight	16.0%	15.4%
Overweight	12.6%	14.3%

The percent of at risk of becoming overweight and overweight was higher among Hispanics than other race/ethnic groups as shown in the chart below.



Immunization Coverage

National Immunization Survey Rates for 4:3:1 Series
Children 19-35 Months

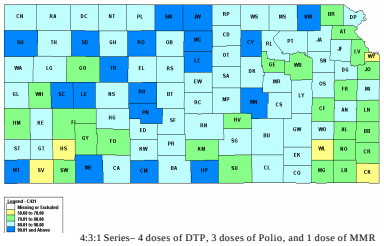


	1995	1996	1997	1998	1999	2000	2001	2002
KS	72.0	76.0	82.0	83.6	79.7	76.5	76.7	74.0
US	76.0	78.0	77.9	80.6	79.9	77.6	78.6	78.5

Year

Retrospective Immunization Coverage Survey

1998-1999 Results (School Year 2002-2003) for 4:3:1 Series (%)
Kindergarteners at the age of 2 years



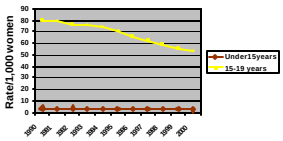
4:3:1 Series– 4 doses of DTP, 3 doses of Polio, and 1 dose of MMR

Teen Pregnancy – National Data

1990 -2000 Comparison of Rates/1,000 women, by Race and Hispanic Origin of Women (15 - 17)

	1990	2000
Race/Ethnicity		
Non-Hispanic White	56.5	32.5
Non-Hispanic Black	165.0	100.7
Hispanic	101.0	83.1
National Rates	80.3	53.5

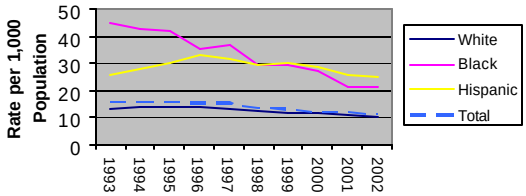
Trend in Pregnancies by Age-Group, 1990-2000



Ventura SJ, AbmaJC, Mosher WD, Henshaw S. Estimated pregnancy rates for the United States, 1990 -2000: An Update. National vital statistics reports; vol52 no 23. Hyattsville, Maryland: National Center for Health Statistics. 2004.

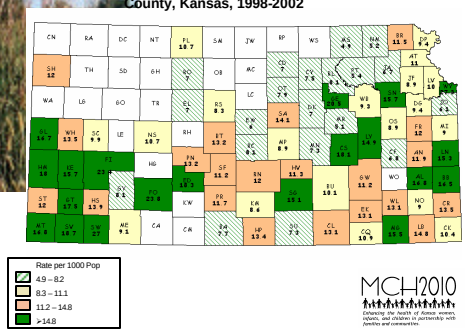
Teen Pregnancy - - Kansas

Trend in Teenage Pregnancies (ages 10-17) by Race and Hispanic Origin, Kansas



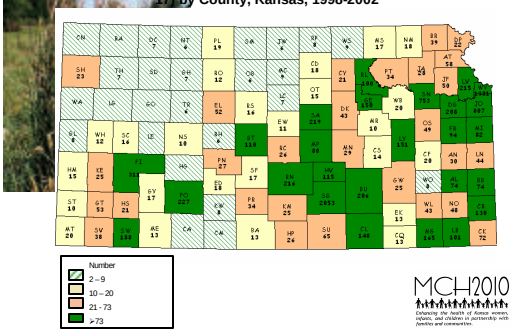
Data Source: Center for Health & Environmental Statistics

Teenage pregnancy Rate (ages10-17) by County, Kansas, 1998-2002



Data Source: Center for Health & Environmental Statistics

Number of Teenage Pregnancies (ages10-17) by County, Kansas, 1998-2002



Data Source: Center for Health & Environmental Statistics

Teen Pregnancy – Trends

According to a Journal of Adolescent article, dated Aug, 2004.

Both delayed initiation of sexual intercourse and improved contraceptive practice among adolescents contributed evenly to the marked decline in U. S. pregnancy rates among teens 15-17 years between 1991 and 2001.

The pregnancy rate declined 33%

- 53% of the decline can be attributed to decreased sexual activity
- 47% to improved contraceptive use.

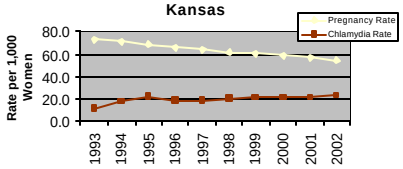
Progress has been made, but…in 2001

- 43% of females 15-17 reported being sexually experienced
- Of these females 1 in 8 reported using no contraception during their last sexual experience.

J Adolesc Health. 2004 Aug;35(2):80-90. Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? Santelli JS, Abma J, Ventura S, Lindberg L, Morrow B, Anderson JE, Lyss S, Hamilton BE. National Center for Chronic Disease Prevention and Health Promotion, US Centers for Disease Control and Prevention, Atlanta, Georgia, USA. jts8@cdc.gov

Teen Pregnancy - - Chlamydia

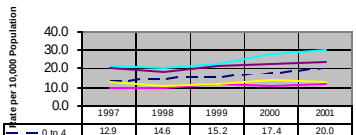
Trend in Pregnancies and Reported Chlamydia Cases in Females 15-19, Kansas



Data Source: Bureau of Epidemiology and Disease Prevention
Kansas Department of Health and Environment

Unintentional Injuries

Trend in Unintentional Injury Hospital Discharges by Age-Group, Kansas, 1997 - 2001



	1997	1998	1999	2000	2001
0 to 4	12.9	14.6	15.2	17.4	20.0
5 to 9	9.3	8.9	11.4	10.7	11.3
10 to 14	11.9	10.7	11.4	13.8	12.9
15 to 19	21.2	19.5	22.0	27.6	29.4

Data Source: Kansas Hospital Association, Office of Health Care Information

Safety Belt Usage Rates

Kansas Department of Transportation Data :
Kansas Child Observational Safety Belt Restraint Usage Rates (Percentage %)

	1998	1999	2000	2001	2002	2003
Children (age 4-14)	**59**	**57**	**55**	**52**		
Children (age < 4)	**80**	**81**	**81**	**92**		
Children (age 10-14)					*	*44*
Children (age 5-9)					*	*45*
Children (age 0-4)					*	*79*

Behavior Risk Factor Surveillance System Survey Data, Kansas, 2001

Respondents reported

- 89% of children aged 0-3 used a car safety seat
- 23% of children aged 4-8 used a booster seat.
- 58% of children 4-8 wore a seatbelt

Appendix D.3. CSHCN Data Presentation

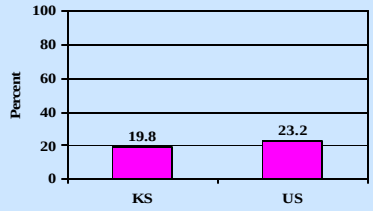
MCH2010
Enhancing the health of Kansas women, infants, and children in partnership with families and communities.

Children with Special Health Care Needs (CSHCN)

Jamie S. Kim, MPH
Kansas Department of Health and Environment
August 16, 2004

Child Health Indicator

CSHCN 3. Percent of CSHCN whose health condition consistently and often greatly affect their daily activities.



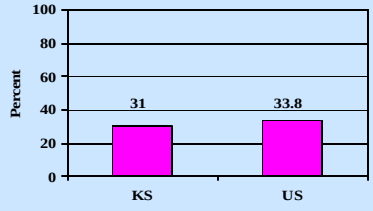
Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

- Health Conditions (Q28): Any physical, mental, learning and developmental conditions or problems.
- Affect their daily activities (Q29): Affect ability to do things other children (his/her) age do.
- Consistently (Q29): How often child has health conditions affected (his/her) ability to do things other children (his/her) age do: never, sometimes, usually, always?
- Greatly (Q30): Do child's health conditions affect (his/her) ability to do things: a great deal, some, or very little?
- Q28, Q29, Q30

Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Coverage Indicator

CSHCN 7. Percent of currently insured CSHCN with coverage that is not adequate.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

- Adequate insurance: Insurance that covers costs of needed services, including: mental health, dental care, age-appropriate well-child checks, durable medical equipment, non-durable medical supplies, care coordination, prescriptions, speciality care, related therapies (e.g., PT, OT, speech/language, audiology), in-home nursing.

Source: M&M project indicators for the CSHCN Performance measures.

- Adequate insurance: Insurance offers benefits or covers services that meet his/her needs (i.e., Medical care as well as other kinds of care like dental care, mental health services, physical, occupational, or speech therapies, and special education services.)
- Q44, Q45h, Q45i, Q46c, Q100, Q101, Q102, Q104, Q106, Q108, Q115

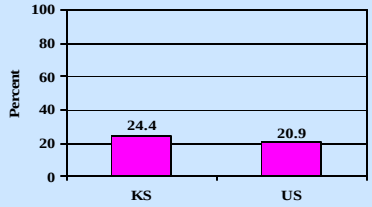
Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

- Communication Power: Is this measure communicated easily? Would it be understood what it measure means?
- Proxy Power: Does this indicator measure the most important outcomes and efforts related to your population group?
- Data Power: Is the data both available and credible? Is quality data available on a consistent and timely basis?

Example: Low Birth Weight

Impact on Family Indicator

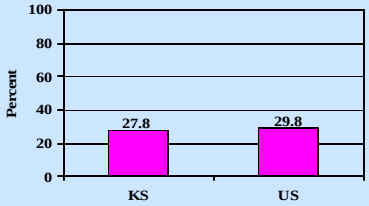
CSHCN 15. Percent of CSHCN whose families experienced Financial problems due to child's health needs.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

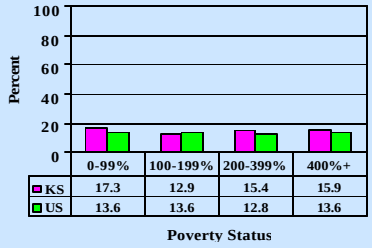
Impact on Family Indicator

CSHCN 17. Percent of CSHCN whose health needs caused Family members to cut back or stop working



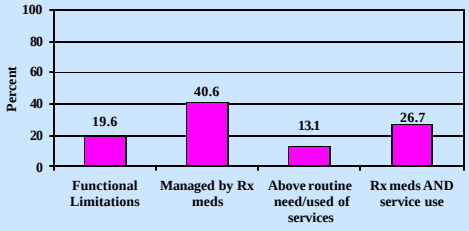
Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

KS CSHCN Household Poverty Status



Source: National CSHCN Survey, 2001 (Age 0-17 yrs.)

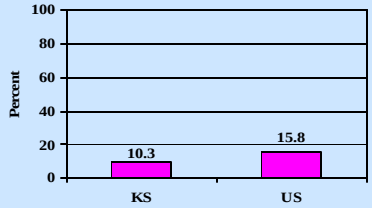
KS CSHCN by Complexity



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Child Health Indicator

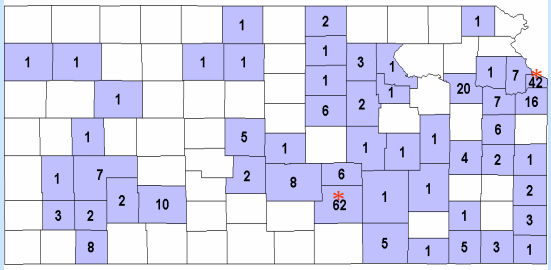
CSHCN 4. Percent of CSHCN with 11 or more days of school absences due to illness.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Children with Cerebral Palsy Served by SHS, FY2004

Total (274)

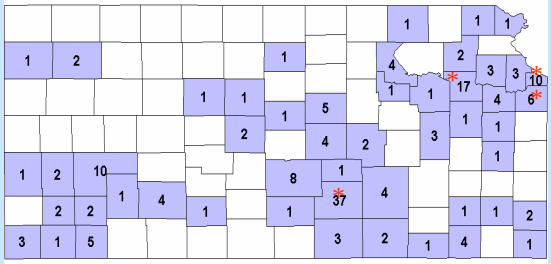


ICD 9 Codes: 342.00 -344.99

* Location of Cerebral Palsy Clinic

Children with Cleft Lip/Cleft Palate Served by SHS

FY2004 Total (178)

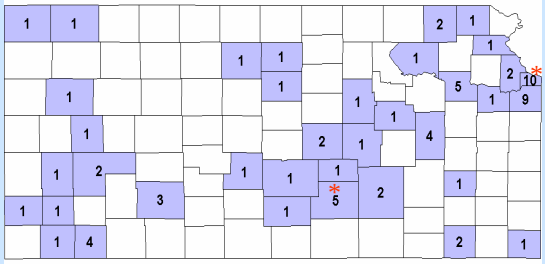


ICD 9 Codes: 749.00 – 749.25

* Location of Cleft Lip/Cleft Palate Clinic

Children with Spina Bifida Served by SHS

FY2004 Total (76)

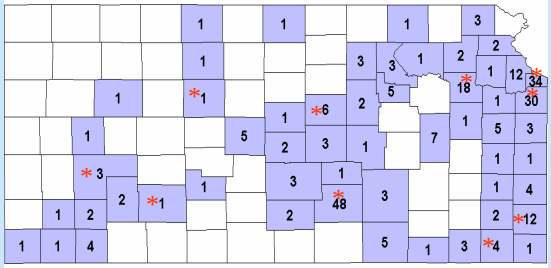


ICD 9 Codes: 741.00 – 741.99

* Location of SpinaBifida Clinic

Children with Cardiology Special Needs Served by SHS

FY2004 Total (266)



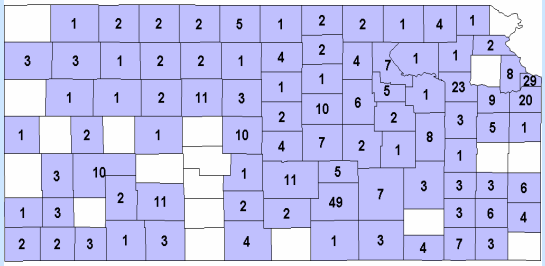
ICD 9 Codes: 390.00 – 459.99 and 745.00 – 747.99

* Location of Pediatric Cardiology Clinic

MCH2010

CSHCN primary Care Providers

(Total 405)



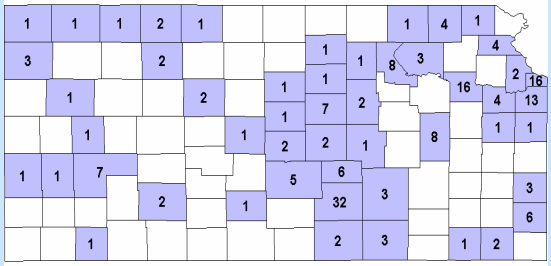
This map displays number of primary care providers listed in KDHE Services for CSHCN database.

Notes: 1. All providers are not necessarily currently providin g care to CSHCN.
2. Specialities included are Pediatrics, Internal Medicine, and Family Practice /General Practice.

MCH2010

CSHCN Dental Providers

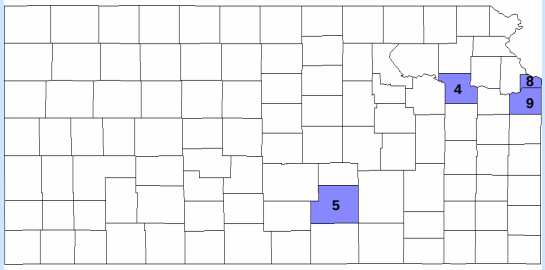
(Total 193)



This map displays number of dental providers listed in KDHE Services for CSHCN database.

Notes: 1. All providers are not necessarily currently providin g care to CSHCN.
2. Specialities included are General Dentistry/Treatment, and Orthodontics.

CSHCN Pediatric Cardiologists
(Total 26)

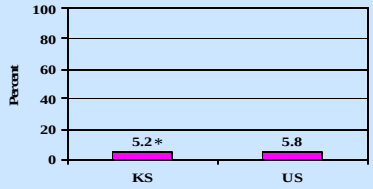


This map displays number of dental providers listed in KDHE Services for CSHCN database.

Notes: All providers are not necessarily currently providing care to CSHCN.

Transition

CSHCN22. Percent of youth with special health care needs who received the services necessary to make transition to all aspects of adult life.

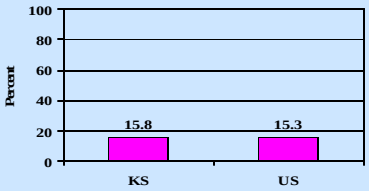


* This estimate does not meet the National Center for Health Statistics standard for reliability or precision.

Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Transition

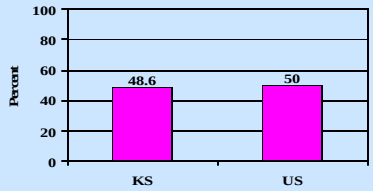
CSHCN22a. The child receives guidance and support in the transition to adulthood.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Transition

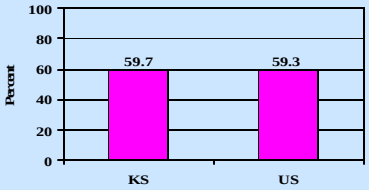
CSHCN22ai. Doctors have talked about changing needs.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Transition

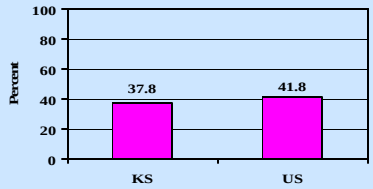
CSHCN22aii. The child has a plan for addressing changing needs.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Transition

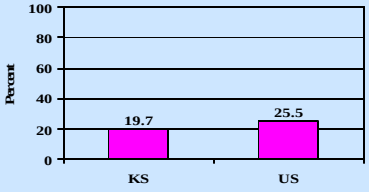
CSHCN22aiii. Doctors discussed shift to adult provider.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Transition

CSHCN22b. The child has received vocational or career training.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

- Youth (Q74a): Children 13 years old or older.
- Transition (Q74a – 74d):

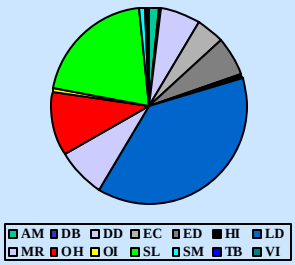
  1. Change in health care needs when becomes an adult.

  2. Any vocational or career training to help prepare for a job when becomes an adult.

  etc…
- Doctor (Q42 and Q43): a general doctor, pediatrician, specialist, nurse practitioner, or physician's assistant.

Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

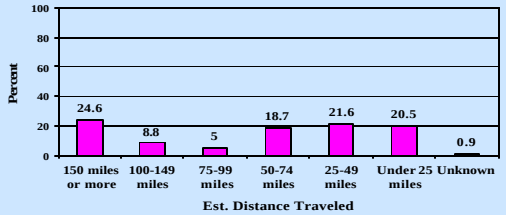
Percent of CSHCN who are receiving support services at the public school (13.85%)



Source: http://www.kansped .org/ksde/mis/FY04Prevelance.html

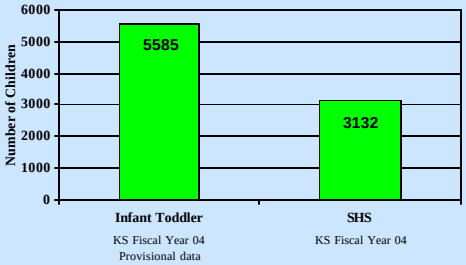
Access to Care Indicator

CSHCN 57. Percent of CSHCN specialists who have patients Travel to See Specialist.



Source: SHS Provider Survey, 1997

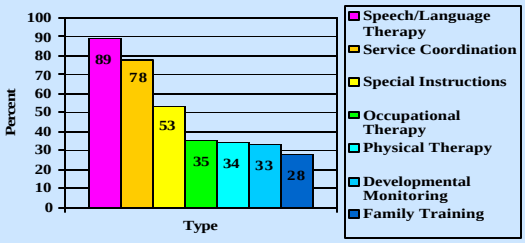
Children (Age 0 -3 yrs.) Served by Infant Toddler and SHS Programs



Source: BCYF, KDHE

Children (age 0 -3) and families who ever Received Each type of service in EI

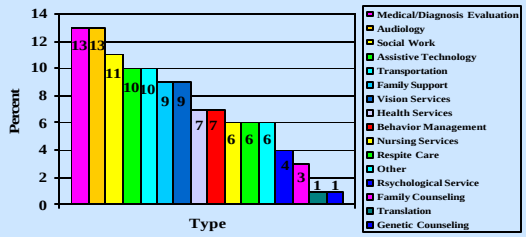
(services received by 20% or more of children and families)



Source: Kansas Early Intervention Longitudinal Study (1999–2002).

Children (age 0 -3) and families who ever Received Each type of service in EI

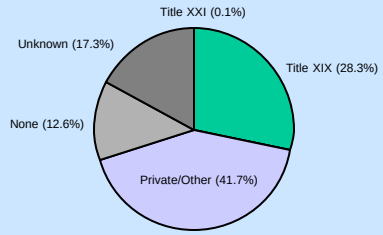
(services received by fewer than 20% of children and families)



Source: Kansas Early Intervention Longitudinal Study (1999–2002).

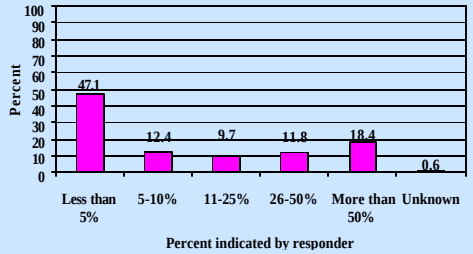
SHS Primary Sources of Coverage

Title V (Total Served 11,486)



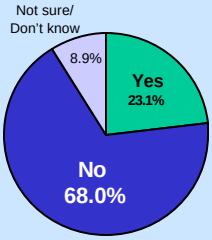
Source: SHS - BCYF, KDHE, 2003

SHS Percent of Eligible Children Receiving CSHCN Services



Source: SHS Provider Survey, 1997

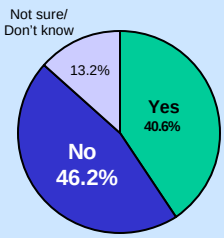
SHS Is Provider Aware of MADIN Telephone Number



MADIN – "Make A Difference Information Network", toll -free telephone number, (800) 332-6262

Source: SHS Provider Survey, 1997

SHS Is Provider Aware that SHS Can Authorize Diagnostic Evaluation at No Cost to Family



Source: SHS Provider Survey, 1997

Target Population

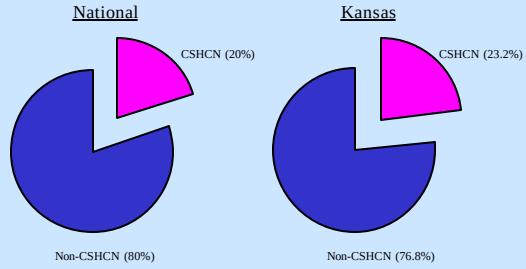
All children with special health care needs in Kansas.

Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Goal

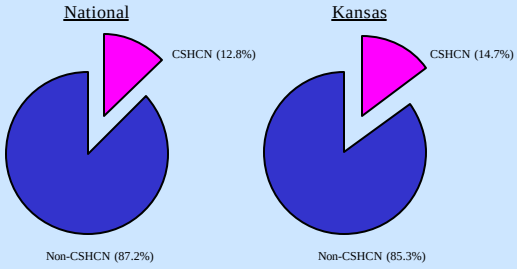
To enhance the health of Kansas children with special health care needs in partnership with families and communities.

Prevalence of Children with Special Health Care Needs: Households



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

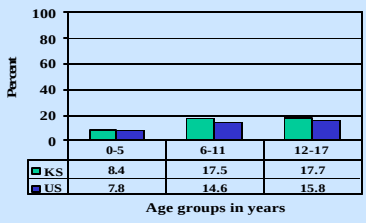
Prevalence of Children with Special Health Care Needs: Persons



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

CSHCN Prevalence in KS by Selected Demographic Characteristics

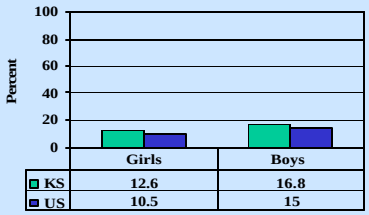
Age



Source: National CSHCN Survey, 2001 (Age 0-17 yrs.)

CSHCN Prevalence in KS by Selected Demographic Characteristics

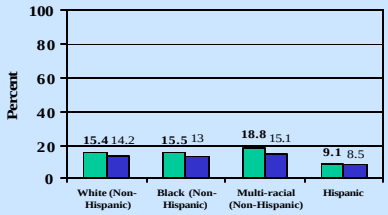
Gender



Source: National CSHCN Survey, 2001 (Age 0-17 yrs.)

CSHCN Prevalence in KS by Selected Demographic Characteristics

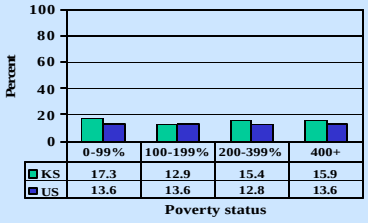
Race



Source: National CSHCN Survey, 2001 (Age 0-17 yrs.)

CSHCN Prevalence in KS by Selected Demographic Characteristics

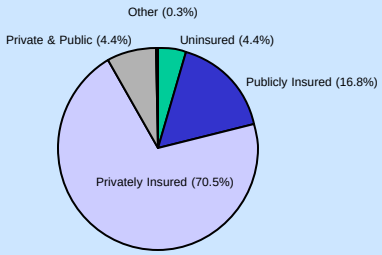
Household Poverty Status



	0-99%	100-199%	200-399%	400+
KS	17.3	12.9	15.4	15.9
US	13.6	13.6	12.8	13.6

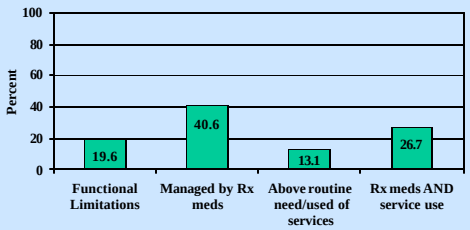
Source: National CSHCN Survey, 2001 (Age 0-17 yrs.)

Distribution of Kansas CSHCN by Insurance Status, 2001



Source: National CSHCN Survey, 2001 (Age 0-17 yrs.)

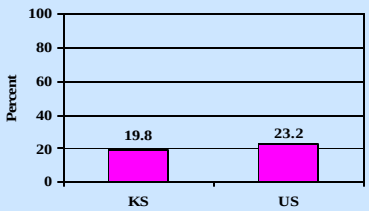
KS CSHCN by Complexity



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Child Health Indicator

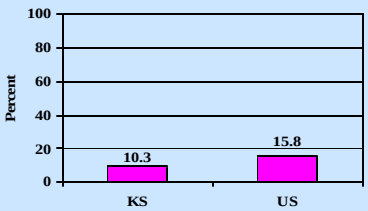
CSHCN 3. Percent of CSHCN whose health condition consistently and often greatly affect their daily activities.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Child Health Indicator

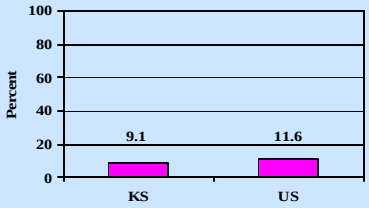
CSHCN 4. Percent of CSHCN with 11 or more days of school absences due to illness.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Coverage Indicator

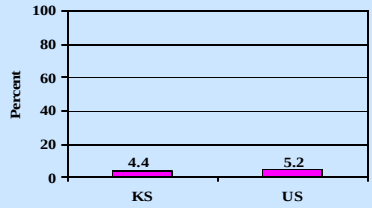
CSHCN 5. Percent of CSHCN without insurance at some point during the past year.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Coverage Indicator

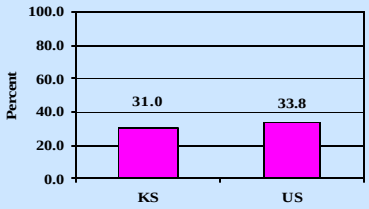
CSHCN 6. Percent of CSHCN currently uninsured.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Coverage Indicator

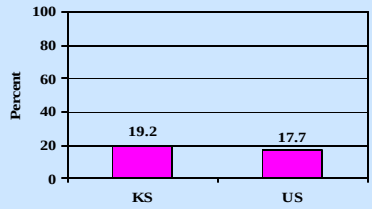
CSHCN 7. Percent of currently insured CSHCN with coverage that is not adequate.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Access to Care Indicator

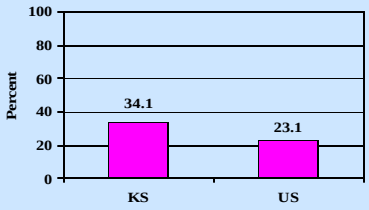
CSHCN 8. Percent of CSHCN with one or more unmet needs for Specific health care services.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Access to Care Indicator

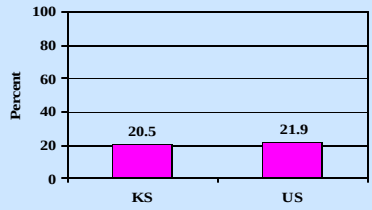
CSHCN 9. Percent of CSHCN whose families needed but did not get all respite are, genetic counseling and/or mental health services.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Access to Care Indicator

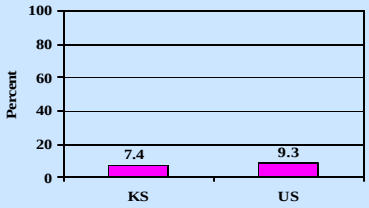
CSHCN 10. Percent of CSHCN needing specialty care who had referral.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Access to Care Indicator

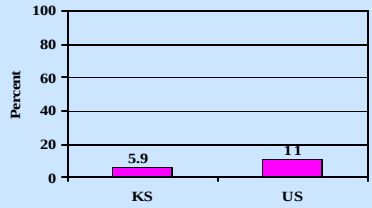
CSHCN 11. Percent of CSHCN without a usual source of care (or who rely on the emergency room).



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Access to Care Indicator

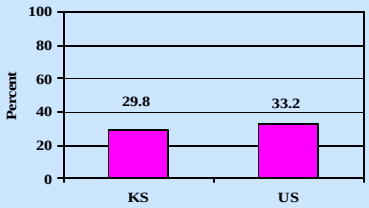
CSHCN 12. Percent of CSHCN without a personal doctor or nurse.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Family-Centered Care Indicator

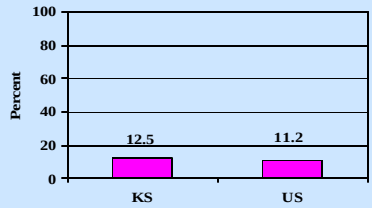
CSHCN 13. Percent of CSHCN without family-centered care.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Impact on Family Indicator

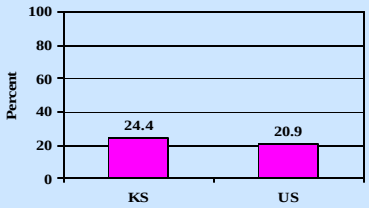
CSHCN 14. Percent of CSHCN whose families pay $1,000 or more in medical expenses per year.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Impact on Family Indicator

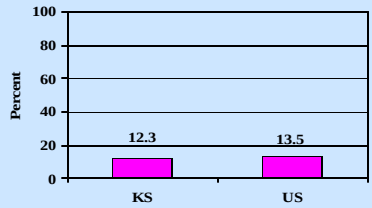
CSHCN 15. Percent of CSHCN whose families experienced Financial problems due to child's health needs.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Impact on Family Indicator

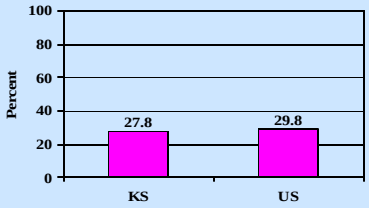
CSHCN 16. Percent of CSHCN whose families spend 11 or more Hours per week providing and/or coordinating health care for child.



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

Impact on Family Indicator

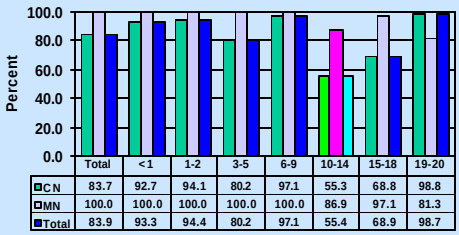
CSHCN 17. Percent of CSHCN whose health needs caused Family members to cut back or stop working



Source: National CSHCN Survey, 2001 (Age 0 -17 yrs.)

SCHIP VS. MEDICAID

KAN BE HEALTHY SCREENING RATIO

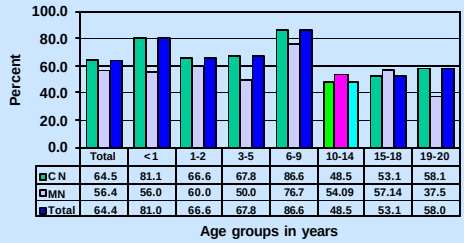


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	83.7	92.7	94.1	80.2	97.1	55.3	68.8	98.8
MN	100.0	100.0	100.0	100.0	100.0	86.9	97.1	81.3
Total	83.9	93.3	94.4	80.2	97.1	55.4	68.9	98.7

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY PARTICIPANT RATIO

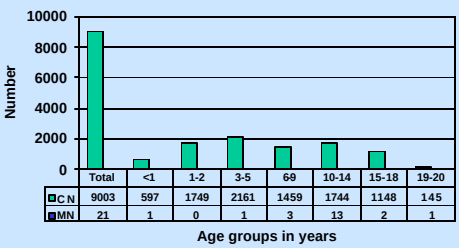


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	64.5	81.1	66.6	67.8	86.6	48.5	53.1	58.1
MN	56.4	56.0	60.0	50.0	76.7	54.09	57.14	37.5
Total	64.4	81.0	66.6	67.8	86.6	48.5	53.1	58.0

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY
Number of eligible referred for corrective treatment

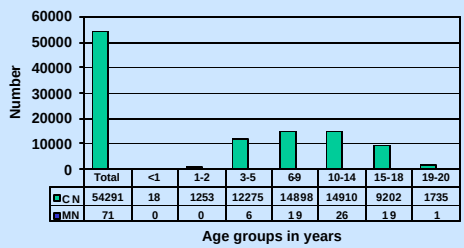


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	9003	597	1749	2161	1459	1744	1148	145
MN	21	1	0	1	3	13	2	1

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY
Number of eligible receiving any dental services

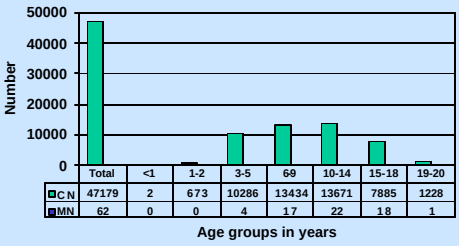


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	54291	18	1253	12275	14898	14910	9202	1735
MN	71	0	0	6	19	26	19	1

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY
Number of eligible receiving preventable dental services

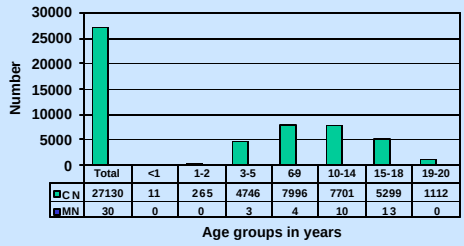


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	47179	2	673	10286	13434	13671	7885	1228
MN	62	0	0	4	17	22	18	1

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY
Number of eligible receiving dental treatment services

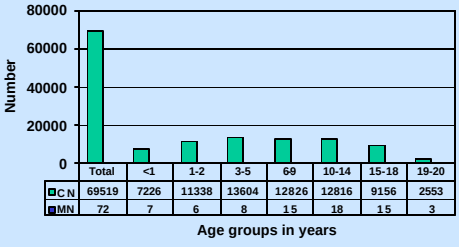


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	27130	11	265	4746	7996	7701	5299	1112
MN	30	0	0	3	4	10	13	0

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY
Total number of eligible enrolled in managed care arrangements

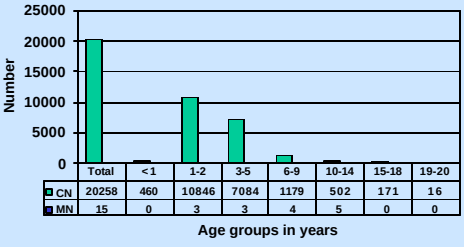


	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	69519	7226	11338	13604	12826	12816	9156	2553
MN	72	7	6	8	15	18	15	3

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

KAN BE HEALTHY
Total number of screening blood lead tests



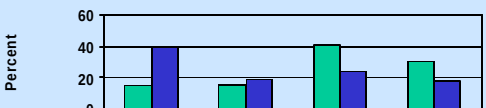
	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
CN	20258	460	10846	7084	1179	502	171	16
MN	15	0	3	3	4	5	0	0

Age groups in years

Note: CN – Categorically Needy; MN – Medically Needy
Source: KBH annual participant report. Report Period: 10/1/2002-9/30/2003

SCHIP Tends to Enroll Older Children Than Medicaid
(Age <19 yrs.)

SCHIP vs. Medicaid



	<3	3-5	6-11	12-18
SCHIP	14.5	15.5	40.9	30.2
Medicaid	39.8	18.4	23.9	17.9

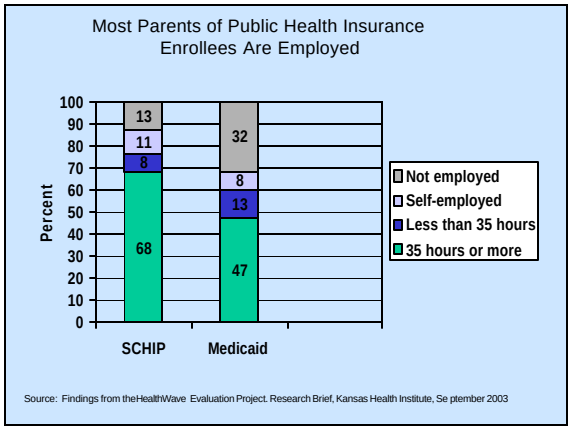
Age groups in years

Note: SCHIP (State Children's Health Insurance Program) - HealthWave in Kansas
Source: Findings from the HealthWave Evaluation Project. Research Brief, Kansas Health Institute, September 2003

SCHIP Families Have Higher Education, Greater Income, and Are More Likely to Have Two Parents

	SCHIP	Medicaid
Educational Attainment of Head of Household		
Less than High School	6%	9%
High School Graduate	58%	65%
Some College	22%	20%
College Graduate or Higher	14%	6%
Family Income <150% of Federal Poverty Level*	68%	81%
Number of Parents in Household		
Two	55%	45%
One	45%	54%

*In 2001, 150% of the Federal Poverty Level was $26,475 for a family of four.
Totals may not sum to 100% because of rounding.
Source: Findings from the HealthWave Evaluation Project. Research Brief, Kansas Health Institute, September 2003


Most Parents of Public Health Insurance Enrollees Are Employed
Percent
100
90
80
70
60
50
40
30
20
10
0
13
11
8
68
32
8
13
47
SCHIP
Medicaid
Not employed
Self-employed
Less than 35 hours
35 hours or more
Source: Findings from theHealthWave Evaluation Project. Research Brief, Kansas Health Institute, Se ptember 2003

Appendix D.3. CSHCN Data

State Profiles (Total child population, 0-17 years old)			Region VII States			Selected States				
	KS	US	Iowa	Missouri	Nebraska	Colorado	Oregon	Rhode Island	South Carolina	Utah
	%	%	%	%	%	%	%	%	%	%
Demographic Indicator										
% of children with special health care needs age 0 to 17: Households	23.2	20.0	19.6	22.5	20.5	19.1	21.2	22.9	21.0	19.9
% of children with special health care needs age 0 to 17: Person	14.7	12.8	12.3	15.0	12.8	11.5	13.2	14.1	13.2	11.0
Age 0-5	8.4	7.8	6.3	8.0	6.4	6.4	7.1	8.3	8.4	5.2
Age 6-11	17.5	14.6	14.2	17.5	13.7	13.0	14.3	15.7	15.6	11.9
Age 12-17	17.7	15.8	15.9	19.1	17.5	14.7	17.8	18.0	15.1	16.2
Female	12.6	10.5	10.4	12.5	11.2	9.1	12.3	11.8	11.5	9.9
Male	16.8	15.0	14.2	17.5	14.3	13.7	14.0	16.4	14.9	12.0
White (Non-Hispanic)	15.4	14.2	12.4	15.5	13.2	12.8	14.1	14.8	14.4	11.5
Black or African American (Non-Hispanic)	15.5	13.0	11.1	13.3	21.1	11.4	9.8	14.0	11.7	12.4
Multi-racial (Non-Hispanic)	18.8	15.1	22.0	16.8	9.0	18.4	13.0	20.6	14.1	14.4
Asian (Non-Hispanic)	N/A	4.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Native American/Alaskan Native (Non-Hispanic)	N/A	16.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Native Hawaiian/Pacific Islander (Non-Hispanic)	N/A	9.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic	9.1	8.5	7.3	12.6	6.0	7.5	8.3	9.8	10.9	7.5
Household poverty status										
0-99% FPL	17.3	13.6	16.7	18.0	14.9	9.0	12.2	15.8	14.6	12.4
100-199% FPL	12.9	13.6	14.1	17.5	12.5	12.2	13.7	17.1	15.2	11.7
200-399% FPL	15.4	12.8	11.2	14.8	12.5	12.3	13.8	13.8	12.0	10.5
400% FPL or greater	15.9	13.6	12.5	13.8	13.0	12.0	14.0	13.3	14.7	11.5
Child Health Indicator										
1. % of CSHCN whose health conditions consistently and often greatly affect their daily activities.	19.8	23.2	16.4	23.9	24.1	19.1	24.6	18.4	20.5	26.5
2. % of CSHCN with 11 or more days of school absences due to illness.	10.3	15.8	11.8	13.6	17.9	10.2	22.7	13.7	17.2	19.3
Coverage Indicator										
3. % of CSHCN without insurance at some point during the past year.	9.1	11.6	10.4	7.2	8.4	9.3	15.4	6.9	11.5	11.8
4. % of CSHCN currently uninsured.	4.4	5.2	4.3	3.1	3.6	4.3	6.3	2.3	4.5	5.2
5. % of currently insured CSHCN with coverage that is not adequate.	31.0	33.8	28.4	30.0	30.3	35.9	35.8	26.6	35.4	36.3

Appendix D.3. CSHCN Data

State Profiles (Total child population, 0-17 years old)			Region VII States			Selected States				
	KS	US	Iowa	Missouri	Nebraska	Colorado	Oregon	Rhode Island	South Carolina	Utah
	%	%	%	%	%	%	%	%	%	%
Access to Care Indicator										
6. % of CSHCN with one or more unmet needs for specific health care services.	19.2	17.7	10.6	15.6	11.1	18.3	23.1	13.2	15.2	19.1
7. % of CSHCN whose families needed but did not get all respite care, genetic counseling and/or mental health services.	34.1	23.1	17.2	27.7	21.3	28.2	34.8	20.3	17.9	29.3
8. % of CSHCN needing specialty care who had problems getting a referral.	20.5	21.9	14.0	16.4	18.1	28.4	24.1	16.8	24.1	23.2
9. % of CSHCN without a usual source of care (or who rely on the emergency room).	7.4	9.3	12.1	8.4	11.7	9.0	12.7	10.3	9.6	10.1
10. % of CSHCN without a personal doctor or nurse.	5.9	11.0	8.3	7.2	9.2	11.7	7.5	6.0	11.3	7.0
Family-Centered Care Indicator										
11. % of CSHCN without family-centered care.	29.8	33.2	29.9	31.5	31.1	29.9	32.0	31.6	28.9	28.7
Impact on Family Indicator										
12. % of CSHCN whose families pay $1,000 or more in medical expenses per year.	12.5	11.2	9.6	10.4	12.4	17.6	12.0	5.2	14.6	15.5
13. % of CSHCN whose families experienced financial problems due to child's health needs.	24.4	20.9	19.4	19.6	20.0	20.4	24.2	14.8	25.3	22.3
14. % of CSHCN whose families spend 11 or more hours per week providing and/or coordinating health care for child.	12.3	13.5	10.9	12.7	14.6	9.6	13.1	11.0	17.7	10.3
15. % of CSHCN whose health needs caused family members to cut back or stop working	27.8	29.8	23.6	28.0	24.8	30.4	32.7	26.7	32.6	25.2
Note: * estimates do not meet the National Center for Health Statistics standard for reliability or precision. The relative standard error is greater than or equal to 30%.										
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001										
Version: Revised sampling weights, version 2										
Analysis Date: April 28, 2003										